

BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444 Voice: 860-242-5501 www.bloomfieldct.org Fax: 860-242-9316

CITATION APPEAL FORM

BPD-134

Please fill out this form completely and return it to the Bloomfield Police Department, Records Unit, 785 Park

For the reasons shown below I wish to appeal the violation charged in the referenced citation and hereby request a hearing.

Avenue, Bloomfield, CT. 06002, within ten (10) days from the date of issuance of the citation or receipt of this notice. POLICE CASE NUMBER: _____ DATE ISSUED: _____ PLATE NUMBER & STATE (if applicable): LOCATION CITATION WAS ISSUED: REASON FOR APPEAL (A DIAGRAM MAY BE HELPFUL, USE ADDITIONAL SHEET IF NECESSARY) Please bring to the hearing any supporting documents or witnesses that you feel are relevant to your case. SPECIAL REQUESTS: Name: _____ Phone Number: ____ By signing this Citation Appeal Form, I do not admit to liability in this matter, but I affirm that I am the person to whom the citation was issued or the registered owner of an involved motor vehicle. I also affirm that the information I provided herein is true and accurate to the best of my knowledge under penalty of providing a false statement.

Rev: 03/02/15 BPD 134 Citation Appeal Form.docx

Date

Person Filing Appeal